PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/727,162			ing Date 02/2003	To be Mailed
APPLICATION AS FILED – PART I OTHER TH (Column 1) (Column 2) SMALL ENTITY □ OR SMALL ENT												
Н	FOR	NU	UMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *		•			x \$ =		1	x s =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$29 additi 35 U.	If the specification and draw sheets of paper, the applica is \$250 (\$125 for small entit additional 50 sheets or fracti 35 U.S.C. 41(a)(1)(G) and 3			n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If	the difference in col	umn 1 is less than	r "0" in col		TOTAL	L	J	TOTAL				
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	12/16/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 18	Minus	~ 20		= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 1	Minus	 3		= 0		x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))											
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus			=		x \$ =		OR	x s =	
	Independent (37 CFR 1,16(h))	*	Minus	***				x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))									l		
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
										OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.												

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